

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90099 032 \*\*\*158.75

<b>DOCUMENT # P03000033779</b> 1. Entity Name <b>LIFE ACADEMY, INC.</b>					
Principal Place of Business <b>3522 S.E. 5TH PLACE CAPE CORAL, FL 33904</b>			Mailing Address <b>3522 S.E. 5TH PLACE CAPE CORAL, FL 33904</b>		
2. Principal Place of Business, No P.O. Box # <b>1402 SW 5th Terrace</b>		3. Mailing Address <b>same</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Cape Coral FL</b>		City & State 		4. FEI Number <b>80-0057579</b>	
Zip <b>33991</b>		Country <b>Lee</b>		Zip 	
Country 		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HAWTHORNE, ROBERT A 3522 S.E. 5TH PLACE CAPE CORAL, FL 33904</b>				7. Name and Address of New Registered Agent Name <b>Robert A. Hawthorne</b> Street Address (P.O. Box Number is Not Acceptable) <b>1402 SW 5th Terrace</b> City <b>Cape Coral</b> <b>FL</b> Zip Code <b>33991</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <b>4/26/07</b> DATE:					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAWTHORNE, ROBERT A</b> <b>3522 S.E. 5TH PLACE</b> <b>CAPE CORAL, FL 33904</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAWTHORNE, BETTY JEAN</b> <b>3522 S.E. 5TH PLACE</b> <b>CAPE CORAL, FL 33904</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: <b>4/26/07</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					